occurred, involving, in one instance the total absorption of the terminal phalanges of the first and second fingers.

24. *Symptom Group in Bulbar Paralysis.* Case 1.—A man of 49 with unimportant history awoke about midnight after having gone to bed apparently perfectly well at 10 P. M. and complained of a disagreeable vertigo and a peculiar twisting of the body. The left side felt weak and asleep. In a very short time severe headache and vomiting occurred. The next morning the whole of the left side of the body felt warm objects as cold. There was difficulty in micturition. The movements of the left side were normal but there was a subjective sensation of weakness. In four weeks he was able to return to work. Three months later there was paralysis of the right sympathetic. On the left side of the body there was total anesthesia and profound disturbance of the temperature sense. This involved the face, but the middle and lower branches of the trigeminus nerve were less affected than the upper. There was a subjective sense of warmth over the left side. Cold objects were felt as warm, but he occasionally discriminated between warm and hot objects. The blood pressure was high.

Case 2.—Tailor, 54 years of age. He woke in the morning with a curious sensation in the parietal region, and vertigo upon attempting to move. There was an ataxic gait. Towards evening he had difficulty in swallowing, and became weaker. Cold objects were felt as warm on the right side. The following morning he vomited and was unable to swallow. When examined there was found paralysis of the left sympathetic nerve, some disturbance in the region supplied by the upper branch of the right trigeminus, total anesthesia of the right side of the body with a temperature disturbance similar to that in the previous case. Power in the right side was not disturbed.

He regards these cases as due to disturbances of circulation in the region of the posterior cerebellar artery. Careful study of the disturbance of the temperature sense showed that the patients were capable of perceiving temperatures of 28° to 29° C. correctly. All temperatures above this were regarded as cold, and below as warm. In general the symptoms resemble those of a Brown-Séquard unilateral disturbance with its focus in the region of the sensory nucleus of the trigeminus nerve. There is some discussion to determine the exact point at which the lesion occurred.

25. *Accumulated Small Convulsive Attacks.*—Heilbronner reports a number of cases in which there were attacks of temporary unconsciousness, sometimes occurring with great frequency. Often the patients failed to have these attacks when under observation or when removed from their homes to the hospital. He also discusses the difficulty of the differential diagnosis between epilepsy and hysteria, and calls attention to some important features in the treatment, the avoidance of any forcing process in children who are intelligent, and in adapting the course of education to children who are less intelligent and particularly in the avoidance of examinations. SAILER (Philadelphia).

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15. Protoplasmic and Fibrillar Supporting Substance of the Central Nervous System. W. SPIELMEYER.
16. Investigation of the Cerebrospinal Fluid of Persons suffering from Mental and Nervous Disease. HENKEL.

17. The Mentally Caused Narrowing of the Field of Vision. N. KLIEN.
18. Exploratory Puncture of the Brain after Trephining in the Diagnosis of Brain Tumor. B. PFEIFER.
19. The Pathological Anatomy of the Senile Spinal Cord. KNICHI NAKA.
20. The Condition of the Reflexes in Paralyzed Parts after Total Division of the Spinal Cord. (Conclusion.) LAPINSKY.
21. The Question of Air Douches and the so-called Water Air Douches. PRENGOWSKI.
22. Atypical Forms of Thomsen's Disease. PELZ.
23. Further Contributions to Poriomania. DONATH.

15. *Protoplasmic and Fibrillar Supporting Substance of Central Nervous System.*—Spielmeyer discusses the histological questions underlying the relation between glia fibers and glia cells, with particular reference to Held's work on gliasyncytium and gliareticulum. The details of this discussion, which is largely a critique of other men's work, are beyond the scope of a brief review. For students of the neuroglia problem the paper will be of interest.

16. *Cerebrospinal Fluid.*—In the much investigated subject of the cerebrospinal fluid Henkel offers the results of his investigation of a series of fluids taken from persons suffering from various structural diseases of the nervous system. His results are in part as follows: that in progressive paralysis, tabes, cerebrospinal syphilis, various forms of meningitis, and in tumor of the brain and myelitis in less degree there is a constant, marked increase of cellular elements with serum albumin and increased serum globulin. In myelitis there is a relatively marked increase of albumin over cells. The results are not constant in arteriosclerotic conditions, multiple sclerosis and syringomyelia. The findings were negative in infantile cerebral paralysis and in all functional conditions. Although the cause of the cell increase in the cerebrospinal fluid cannot at present be definitely determined, it appears that various inflammatory processes tend to its production. The value of lumbar puncture for diagnosis is regarded as considerable, but the warning is given that in estimating its significance all other symptoms must be considered. A table and a bibliography of fifty-one references conclude the paper.

17: *Mentally Caused Narrowing of the Field of Vision.*—Recognizing the wide differences of interpretation concerning the causation of so-called functional disturbances of sensibility, Klien believes that much may be learned from a detailed study of the disturbance of function associated with concentric narrowing of the visual field, inasmuch as the eye represents a highly differentiated organ and one also amenable to various methods of investigation. On the symptomatic side simulation is one of great importance regarding which there is much diversity of opinion. An extremely detailed study of the entire subject follows through nearly fifty pages in which both theoretical and practical considerations are taken up. The discussion is far too detailed to permit of an adequate abstract within reasonable space.

18. *Exploratory Puncture of the Brain.*—As a result of a study, both clinical and microscopic, of twenty cases of brain lesion Pfeifer arrives at the following general conclusions: That puncture of the brain for diagnostic purposes is a very important and relatively safe measure by which it is possible, first, to render clear the general clinical diagnosis of a brain tumor as contrasted with other diseases of the brain, and especially through the demonstration of an internal and external hydro-

cephalus to arrive at conclusions regarding the difficult question of localized disease through brain atrophy; secondly, clinical local diagnosis of a brain tumor may be modified, verified and refined by this means; finally to assist in the operative treatment of brain tumors and to bring direct therapeutic results through the evacuation of cysts and ventricular fluid.

19. *Pathological Anatomy of the Senile Spinal Cord.*—Naka has undertaken an investigation of the pathological anatomy of the senile spinal cord following various methods. The investigation covers the microscopic study of seventeen cords, in which certain changes in cells, fiber tracts and blood vessels were found. Regarding the possible relations between the changes in senility and in paralysis agitans Naka thinks that in the senile cord the increase of small vessels and the overgrowth of glia about the vessels is of a higher degree than exists in paralysis agitans, nor does he think that the symptoms of paralysis agitans can have any connection with such spinal cord alterations.

20. *Condition of the Reflexes after Total Division of the Spinal Cord.*—Lapinsky concludes an exhaustive study of the condition of the reflexes in paralyzed parts with the following essential statements: Bastian's law concerning flaccid paralyses in cases of complete destruction of the spinal cord in man does not contradict a physiological explanation. The assumption that in all such cases of flaccid paralysis the reflex arc of the paralyzed parts remains normal is not as yet proved. The loss of the reflex cannot at present be attributed to loss of the reflex exciting influence of the cerebellum, since such cerebellar influence has also not yet been proved. In many cases of flaccid paralysis the real cause must lie in a structural affection of the reflex arc itself. This affection of the reflex arc may be explained through extravasation of blood in the gray cord substance and to edema, as well as through a variety of other deleterious influences. In some cases the loss of reflexes in total transverse lesion must be explained through dynamic causes, demanding an investigation of the irritability of the cut-off portion of the cord. The possible summation of several irritating causes in relation to the activity of the reflex arc must be considered.

21. *Air Douches.*—Prengowski offers an experimental and clinical study regarding the question of air douches and so-called water-air douches. The physiological action of the various forms of douches administered is described in detail.

22. *Atypical Forms of Thomsen's Disease.*—Pelz offers an interesting discussion on atypical forms of Thomsen's disease. He finds a striking diversity of symptomatology with many aberrations from the classical picture. The most constant sign is the disturbance of mechanical and electrical irritability, which is practically always present. On the other hand he finds that the myotonic disturbance is subject to very marked alterations. It may, in fact, wholly fail, so that like paralysis agitans *sine agitatione,* one may have myotonia *sine tonu.* In many cases an hereditary history is lacking. Nevertheless the opinion is expressed that the condition is still a congenital one and is better so designated than as acquired myotonia. The course of the disease also shows wide variations. The conclusion is finally reached that there is absolutely no single absolutely pathognomonic symptom.

22. *Further Contributions to Poriomania.*—Donath, on the basis of three further cases discusses again the question of poriomania or a sudden, uncontrollable desire to wander away, at times occurring in epileptics.

E. W. Taylor (Boston).